



MO Division of Fire Safety
MUTUAL AID RESOURCE REQUEST CHECKLIST

Event Tracking # _____ EVENT: _____

DATE: _____ TIME: _____ RESPONSE TYPE: SCRAMBLE STANDARD MAXIMUM

REQUESTING PARTY: _____ PHONE/CONTACT INFO: _____

REQ. RECVD BY: _____ REQ. FORWARDED TO: _____

RESOURCE REQUESTED: _____

MISSION: _____

LOGISTICAL NEEDS:

GAS _____

WATER _____

FOOD _____

LODGING _____

FORCE PROTECTION: LAW MEDICAL ADVANCE TEAM: YES NO

OTHER _____

APPARATUS SIZE/WEIGHT RESTRICTIONS _____

AIR RESOURCE INFO:

LANDING ZONE DETAILS:

LOCATION _____

SIZE _____

OBSTRUCTIONS/HAZARDS _____

OXYGEN RESUPPLY _____

FUELING _____

HANGER SPECIFICATIONS _____

ON SCENE DATE/TIME REQUESTED: _____



ESTIMATED DURATION OF DEPLOYMENT: _____

STAGING LOCATION: _____

REPORTING TO: _____

COMMUNICATIONS (RADIO FREQ/PHONE, ETC.):

RESPONDING RESOURCES (DEPARTMENTS/APPARATUS HOME ID/**MISSION ASSIGNED ID**):

NAME/NUMBER FOR RESOURCE CONTACT: _____

NOTES: _____

FAX/EMAIL TO:

REQUESTING DEPARTMENT NAME: _____

ATTN: _____

FAX #: _____ EMAIL ADDRESS: _____

RESPONDING DEPARTMENT NAME: _____

ATTN: _____

FAX #: _____ EMAIL ADDRESS: _____

MISSION VERIFIED BY:

MUTUAL AID COORDINATOR: _____

SIGNATURE _____

DATE _____

TIME _____

ASSIGNED MISSION NUMBER _____